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# Dental Program



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# Learning Objectives

- Eligibility
- Plan summaries
- Enrollment process
- Additional processes
- Important reminders

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# Roles & Responsibilities

- State Department Personnel Offices
  - Notify employees of benefit eligibility, enrollment timelines, benefit changes due to movement in and out of bargaining units and COBRA
  - Completion and timely submittal of enrollment forms
  - Appeal to CalHR

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# Roles & Responsibilities, 2


- State Controller's Office
  - Process enrollment/change forms, update employee payroll/deduction history and forward forms to carriers
  - Does not provide dependent information to carriers
- CalPERS
  - Manages retiree dental (STD 692); sends appeals to CalHR

# Dental BAM

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## State HR Professionals



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- [Affordable Care Act Training](#)
- [Appeals and Grievances](#)
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- [Benefits Administration](#)
- [CEAs and Exempt Employees](#)
- [Civil Rights](#)
- [Employee Recognition](#)
- [Exams and Hiring](#)

### Popular Links

<a href="#">HR Net</a>	<a href="#">Statewide Training</a>
<a href="#">Bargaining Contracts</a>	<a href="#">Class Specifications</a>
<a href="#">Pay Scales</a>	<a href="#">Competencies</a>
<a href="#">Forms</a>	<a href="#">HR Manual</a>
<a href="#">Benefits Admin Manual</a>	<a href="#">Dental Program</a>
<a href="#">Exam Services</a>	<a href="#">CalHR Subscription</a>

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## Dental Program

### Dental Changes for 2017

- Premiums will increase for the 2017 Plan Year for Delta Dental PPO plus Premier Basic, Delta PPO plus Premier Enhanced, Delta Preferred Provider Option (PPO) dental plans and Delta Care USA plan.
- Premiums will decrease for the 2017 Plan Year for the Premier Access plan.
- Premiums will remain the same for the 2017 Plan Year for Western Dental and SafeGuard dental plans.

### Content

- 501. General Information
- 502. Current State-Sponsored Dental Plans
- 503. State/Agency Responsibilities
- 504. Dental Plan Deduction Codes/Premiums
- 505. Employee Eligibility
- 506. State Plan Restriction for Newly Hired State Employees
  - 24-Month Restriction Period
  - Bargaining Unit 5
  - Exceptions to the 24-Month Restriction
  - Enrollment Processing Upon Completion of 24-Month Restriction Period
- 507. CCPOA Benefit Trust Fund Dental Enrollment
- 508. Dependent Eligibility
- 509. Move Out of Household
- 510. Enrollment
  - PI Employees
  - Unit 6 Cadet Employees
  - Continuation of Coverage for PI Employees
- 511. Allowable Changes to Enrollment
  - Mandatory Deletions
  - Voluntary Changes
  - Administrative Deletions
  - Voluntary Change of Dental Plan
  - Changes in Collective Bargaining Designation (CBID) BU 5 and 6

#### State HR Professionals

- Benefits Administration Manual (BAM)
- Open Enrollment Toolkit
- Benefits Administration Training Registration
- Benefits Administration Training Course Handouts
- Alternate Retirement Program (ARP)
- Annual Leave Program
- Basic Group Term Life Insurance
- Benefits Checklist in the Event of Death
- Common Carrier Travel and Accident Insurance
- Consolidated Benefits (CoBen)
- COBRA (Consolidated Omnibus Budget Reconciliation Act)
- Deduction Codes
- Dental Program**
- Employee Assistance Program (EAP)
- Excluded Employee Leave Buy Back Program
- Family and Medical Leave Act of 1993
- FlexElect Program

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# Dental Plans

## Prepaid Plans

- Requires use of dentist located in CA and a predetermined network
- Dentist receive a fee for each member assigned to their office
- Most basic services are covered at no cost
- Monthly premium paid 100% by the state

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# Dental Plans, 2

## Indemnity Plans

- May select dentist of choice within U.S. and worldwide; network n/a
- Plans limit amount of paid coverage based on treatment type
- Premiums deducted from pay warrant based on coverage level

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# Dental Plans, 3

## Preferred Provider Option (PPO)

- May use dentist within a network or one of choice worldwide
- Cost for services based on a fee-for-service agreement
- Plans limit amount of paid coverage based on treatment type
- Premiums deducted from pay warrant based on coverage level



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# Eligibility Requirements

- Similar to other benefit plans (employees and dependents)
- Bargaining Units 5 & 6 have own union sponsored plans

# Effective Date – Dental Plan

- Standard Enrollment (such as new hire)
  - 1<sup>st</sup> day of the month after STD 692 is received by the employing department
    - *Example: New hire on February 20; STD 692 received on March 5; benefits effective April 1*
- Mandatory Enrollment (such as a divorce)
  - 1<sup>st</sup> day of the month following the event
    - *Example: Employee divorce effective October 23; benefits effective November 1*

***Employees have 60 days from permitting event to submit enrollment form to Personnel Office for processing***

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# Dental Carriers

## Prepaid Plans

- **DeltaCare USA**
- **Premier Access**
- **Safeguard**
- **Western Dental**

## Indemnity Plans

- **Delta Dental PPO Plus Premier Basic**
- **Delta Dental PPO Plus Enhanced**

## Preferred Provider Option (PPO)

- **Delta Dental Preferred Provider Option (PPO)**

# Enrollment for Dental Coverage

## Active

- HR provides STD 692 form
- Must elect plan within 60 days of PE
- Send STD 692 to SCO

## Permanent Intermittent

- Must meet eligible hours
- Must elect plan within 60 days of PE
- Send STD 692 to SCO

## Retirees

- Contact HR to enroll 60 days prior to retirement
- Elect plan within 120 days of separation
- Offer COBRA
- Key STD 692 in CalPERS

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# 24 Month Restriction

- Many newly hired employees are required to enroll in one of the prepaid plans
  - Exception: BU's 2, 7, 8, 16, 17, 18, 19 and excluded
- Impacted employees must complete 24 months of employment with no permanent break in service
- 60 day limit to change enrollment, unless enrolled in the FlexElect cash option for dental
- Reinstated employees that previously met 24 month requirement, have no restrictions

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# 24 Month Restriction - Exceptions

- Employees hired with a LT or TAU appointment may use time served to meet 24 month restriction
  - No permanent break in service
- New employees with own state sponsored plan
- CalPERS retiree reinstated to state service
- New hire from CSU or transfer from another agency with no break in service

**Time Not Counted – Student assistants, temporary or seasonal employees (with the exception of Seasonal Firefighter and Lifeguard II**

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# Medically Disabled Dependent Children

- Disability certification required to insure after the age of 26
- Eligible beyond age 26 if:
  - Enrolled at the time of the employee's initial enrollment, or:
  - Became disabled prior to reaching age 26

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# Dependents Become Employees

- Dependent children of state employees can remain on parent's plan until age 26
- Those who do not qualify for coverage at time of hire can remain on parent's plan until age 26
  - Example: Permanent Intermittent employee that has not met the qualifying control period



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# Dual / Split Coverage

- Dual coverage not allowed
- Split coverage not allowed
- All dependent children must be enrolled by one parent if both are state employees
- Personnel Offices must:
  - Correct enrollments retroactive to effective date
  - Notify the employee
  - Submit correction to State Controllers' Office

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# Court Ordered Dental Coverage

- Generally subject to plan eligibility rules
  - Natural born children, adopted children – state required to provide benefits
  - Ex-spouse/domestic partner or their children – state not required to provide benefit
  - Add children with STD 692, permitting event code 16
    - *List “Court Ordered” in Comments Section*
- Spouses must remain enrolled until the divorce is final
  - Deleted ex-spouse eligible for COBRA (PEC 17a or 21a)

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# Mandatory Deletions

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**Divorce\***

**Termination of Domestic Partnership\***

**Death of dependent**

**Dependent child reaches age 26\***

**Dependent goes into the military**

**PCR not certified, reaches age 26 or change of custody**

**Dependent enrolled, but was never eligible**

**Dependent is dual / split covered**

**\*Obtain necessary documentation and offer COBRA**

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# Administrative Deletions

- Non-disabled dependent reaches age 26 (PEC 26d)
- Employees/dependents enrolled, not eligible – Must retro delete to effective date (PEC 42)
- Employees enrolled, not eligible due to BU change and refuses to sign – Must retro delete to effective (PEC42)
- Death of spouse, domestic partner or child
  - Employee must provide death certificate
  - Complete STD 692, notate comments section
  - Place copy in OPF

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# Voluntary Changes

- Adding spouse or certified domestic partner (PEC 17a or 21a)
- Adding spouse, certified domestic partner and/or dependents that lost coverage (PEC 17b) – Must prove loss of coverage
- Adding a newborn, adopted child or child at each birthday (PEC 19 or 22a)
- Adding a dependent due to a change in custody and/or acquiring a PCR (PEC 16)
- Spouse/domestic partner no longer lives in household - Not COBRA eligible (PEC 24b) – N/A for pending divorce, etc.
- Dependent obtains other non-state sponsored group coverage (PEC 23b)

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# Re-Enrollment & Off Pay Status

## After a Leave of Absence (LOA):

- Coverage in same dental plan is automatically restored
- Effective 1<sup>st</sup> of the month after first pay warrant

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# Re-Enrollment & Off Pay Status, 2

## After Termination or Suspension:

- SCO requires STD 674 to be submitted to reinstate employee's benefit deduction
- Effective date can be current or retroactive

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# Re-Enrollment & Off Pay Status, 3

## Continuous Coverage on Off Pay Status:

- Employees pay total premium directly to carrier
- Employee must complete STD 696 and forward to carrier with three (3) months premium
- Carrier does not bill employee





# Group Exercise

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# Important Reminders

- Use most current form; complete and submit promptly
- Double-check forms for completeness and accuracy
- Advise of “ding notices” when sending appeals to CalHR
- 60 days to enroll after permitting event - not 90 days
- Relay 24 month requirement to applicable employees
- Communicate the correct enrollment process to retirees
- Offer COBRA when applicable
- Promote CalHR website to employees for self-service
- Promote the Benefits Calculator

# Important Reminders, 2



*Don't  
Forget!*

**DO NOT SEND FORMS TO DENTAL CARRIERS!**

## **For Active Employees**

- ✓ Send STD. 692 form to SCO for processing
- ✓ SCO - Requires wet signature!

## **For Retirees**

- ✓ Send STD. 692 form to CalPERS or key data into
- ✓ MyCalPERS system for processing

# STD 692 – Sections A, B & C

STATE OF CALIFORNIA - CALIFORNIA DEPARTMENT OF HUMAN RESOURCES  
**DENTAL PLAN ENROLLMENT AUTHORIZATION**  
 STD. 692 (REV. 2/2016)

Clear

Print

**D**

PLEASE TYPE OR USE BALL POINT PEN, PRINT CLEARLY - SEND COMPLETED FORM TO PERSONNEL/PAYROLL OFFICE

SECTION A		SECTION B																																												
1. TYPE OF ACTION <input type="checkbox"/> NEW - ENROLLING IN A PLAN FOR THE FIRST TIME (Complete Sections A, B, and D) <input type="checkbox"/> CANCEL - (Complete Sections A, C, D and Personnel Office complete E Box 4, 14) <input type="checkbox"/> CHANGE - CHANGING PLANS OR DEPENDENT COVERAGE (Complete Sections A, B, C, and D) <input type="checkbox"/> COBRA - ENROLLING IN COBRA CONTINUATION COVERAGE (Complete Sections A, B, and D)		1. NAME OF DENTAL PLAN <div>Must match Section E, #2</div>																																												
2. NAME (First) (Middle) (Last)  ADDRESS (Number and Street)  (City, State, and Zip)		2. PROVIDER/FACILITY NUMBER (If applicable) (prepaid plans only) <div>Pre-paid plan only</div>																																												
3. CHECK IF PERMANENT INTERMITTENT EMPLOYEE  <input type="checkbox"/>		3. WHEN CHANGING FAMILY MEMBER ENROLLMENT, LIST ALL FAMILY MEMBERS CURRENTLY ENROLLED, AS WELL AS FAMILY MEMBERS TO BE ADDED AND/OR DELETED. ENTER THE ACTION CODE A (ADD) AND/OR D (DELETE) BESIDES THE NAMES OF ONLY THOSE MEMBERS TO BE ADDED OR DELETED.																																												
4. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE  <input type="checkbox"/> DOMESTIC PARTNER		<table border="1"> <thead> <tr> <th>ACTION CODE</th> <th>LIST ALL PERSONS TO BE ENROLLED IN DENTAL PLAN (Include self) (First) (Middle) (Last)</th> <th>DATE OF BIRTH (MM/ DD/ YY)</th> <th>FAMILY RELATIONSHIP</th> <th>GENDER</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>SELF</td> <td></td> </tr> <tr> <td>A</td> <td>SSN</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>SSN</td> <td></td> <td></td> <td></td> </tr> <tr> <td>D</td> <td>SSN</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>SSN</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>SSN</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>SSN</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					ACTION CODE	LIST ALL PERSONS TO BE ENROLLED IN DENTAL PLAN (Include self) (First) (Middle) (Last)	DATE OF BIRTH (MM/ DD/ YY)	FAMILY RELATIONSHIP	GENDER				SELF		A	SSN					SSN				D	SSN					SSN					SSN					SSN			
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5. GENDER <input type="checkbox"/> MALE  <input type="checkbox"/> FEMALE																																														
6. SOCIAL SECURITY NUMBER <div>Mandatory</div>		7. SPOUSE'S OR DOMESTIC PARTNER'S SOCIAL SECURITY NUMBER																																												
<b>SECTION C (Complete for Plan changes if different than B-1 and cancellations only)</b>																																														
1. PRIOR DENTAL PLAN NAME																																														

# STD 692 – Section D

<b>SECTION D</b>				<b>SSN</b>				
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1. CHECK APPROPRIATE BOX

☐ I DO NOT WISH TO ENROLL IN A DENTAL PLAN *(Keep in employee's file)*

☐ I ELECT TO ENROLL IN (OR CHANGE TO) A DENTAL PLAN AS SHOWN ABOVE AND AUTHORIZE DEDUCTIONS TO BE MADE FROM MY SALARY OR RETIREMENT ALLOWANCE TO COVER MY SHARE OF COST OF ENROLLMENT AS IT IS NOW OR AS IT MAY BE IN THE FUTURE. I ALSO CERTIFY THAT THE NAMES OF THE PERSONS LISTED IN SECTION B, ITEM 3 ARE ELIGIBLE FAMILY MEMBERS AS DEFINED BY THE STATE OF CALIFORNIA AND ARE NOT ENROLLED IN ANOTHER STATE OF CALIFORNIA DENTAL PLAN.

☐ I ELECT TO CANCEL THE DENTAL PLAN SHOWN ABOVE.

2. EMPLOYEE'S OR ANNUITANT'S SIGNATURE *(See Privacy Int.)* Mandatory – unless administrative

3. DATE SIGNED Mandatory

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SECTION E (FOR AGENCY OR RETIREMENT SYSTEM USE ONLY)								
1. EMPLOYER DED. CODE <input type="checkbox"/> CSU-150  <input type="checkbox"/> NON-CSU-351	2. DENTAL ORG. CODE  <span style="background-color: yellow; border: 1px solid black; padding: 2px;">Must match Section B, #1</span>	3. PARTY CODE	4. PAY PERIOD  MONTH   YEAR	5. STATE SHARE AMOUNT  \$	6. EMPLOYEE OR COBEN DEDUCTION AMOUNT  \$	7. EMPLOYEE DESIGNATION	8. BARGAINING UNIT	9. TOTAL PREMIUM AMOUNT  \$
COMPLETE ON CHANGES ONLY								
10. PRIOR EMPLOYER DED. CODE <input type="checkbox"/> CSU-150  <input type="checkbox"/> NON-CSU-351	11. PRIOR DENTAL ORG. CODE  PRIOR PARTY CODE	12. PERMITTING EVENT DATE (MM / DD / YY)  MONTH   DAY   YEAR <span style="background-color: yellow; border: 1px solid black; padding: 2px;">Mandatory</span>	13. PERMITTING EVENT CODE  <span style="background-color: yellow; border: 1px solid black; padding: 2px;">Mandatory</span>	14. EFFECTIVE DATE OF ACTION  MONTH   DAY   YEAR 1	15. AGENCY CODE	16. UNIT CODE	17. AGENCY NAME OR RETIREMENT SYSTEM (IF RETIRED)  <input type="checkbox"/> AGENCY  <input type="checkbox"/> CALPERS RETIREE	
18. REMARKS				19. SIGNING PERSONNEL OFFICER'S NAME <i>(Please Print)</i>				
				20. AUTHORIZED AGENCY SIGNATURE <i>I hereby certify under penalty of perjury as follows: That I am the duly appointed, qualified and acting officer of the herein named agency and that I am authorized to make this certification; that the employees named herein is eligible for enrollment in the State Dental Insurance Program.</i>  <span style="background-color: yellow; border: 1px solid black; padding: 2px;">Mandatory</span>				
				21. TELEPHONE NUMBER <i>(Include Area Code)</i>		22. DATE RECEIVED IN EMPLOYING OFFICE  Month   Day   Year <span style="background-color: yellow; border: 1px solid black; padding: 2px;">Mandatory</span>		
				23. EMAIL ADDRESS				

Used to validate permitting event

Distribute one copy each to Controller, Carrier, Agency, and Employee

# Completing Section D

- Ensure section is complete and legible
- Sign and date
- Box 4 – Enter pay period
- Box 11 – Mandatory for changes
- Box 12 – Enter permitting event date
- Box 13 – Enter permitting event code
- Box 14 – Enter effective date of action
- Box 23 – Used by SCO to contact PS

**Check, check and check again for accuracy before sending to SCO!!**

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# Resources

- Human Resources Manual
- Benefits Administration Manual
- Website(s)
- Forms

# Personnel Office – Eligibility List

- Designated employees are authorized to call carriers to update employee eligibility and/or personal information
- List is updated monthly and departments are responsible for advising CalHR of staff changes
- Updates are due before the 10<sup>th</sup> of the month to be reflected on the next eligibility list
- Supervisors/Manager should forward updates to [dentalvision.authorization@calhr.ca.gov](mailto:dentalvision.authorization@calhr.ca.gov)





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# Questions

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